

CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

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|--|---|---|---------------------------------|---|--|
| CITY OF TITUSVILLE DEPARTMENT OF HEALTH | | No. of Risk Factor/Interventions Violations | | Date 5/11/19 | |
| | | No. of Repeat Risk Factor/Intervention/Violations | | Current Expiration 4/19/2019 | |
| Establishment Little Caesar's | | Location 410 E Central Ave | | Phone | |
| License / Permit # | Contact/Permit Holder Todd Graves | Purpose of Inspection Routine Follow-up | Est Type FS RS | Risk Category High Medium Low | |

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R. **IN** = in compliance **OUT** = not in compliance **N/O** = not observed **N/A** = not applicable **COS** = corrected on-site during inspection **R** = repeat violation

| Compliance Status | | COS | R | Compliance Status | | COS | R | | | | |
|--|-------------------|-----|---|---|----------------|-----|---|--|--|--|--|
| Demonstration of Knowledge | | | | | | | | | | | |
| 1 | IN OUT | | | 16 | IN OUT N/A N/O | | | | | | |
| Certification by accredited program, compliance with Code, or correct responses | | | | 17 | IN OUT N/A N/O | | | | | | |
| Employee Health | | | | | | | | | | | |
| 2 | IN OUT | | | 18 | IN OUT N/A N/O | | | | | | |
| Management awareness; policy present | | | | 19 | IN OUT N/A N/O | | | | | | |
| 3 | IN OUT | | | 20 | IN OUT N/A | | | | | | |
| Proper use of reporting, restriction & exclusion | | | | 21 | IN OUT N/A N/O | | | | | | |
| Good Hygienic Practices | | | | | | | | | | | |
| 4 | IN OUT N/O | | | 22 | IN OUT N/A N/O | | | | | | |
| Proper eating, tasting, drinking, or tobacco use | | | | | | | | | | | |
| 5 | IN OUT N/O | | | | | | | | | | |
| No discharge from eyes, nose, and mouth | | | | | | | | | | | |
| Preventing Contamination by Hands | | | | | | | | | | | |
| 6 | IN OUT N/O | | | 23 | IN OUT N/A | | | | | | |
| Hands clean & properly washed | | | | Consumer Advisory | | | | | | | |
| 7 | IN OUT N/A N/O | | | Consumer advisory provided for raw or undercooked foods | | | | | | | |
| No bare hand contact with RTE foods or approved alternate method properly followed | | | | Highly Susceptible Populations | | | | | | | |
| 8 | IN OUT | | | 24 | IN OUT N/A | | | | | | |
| Adequate handwashing facilities supplied & accessible | | | | Pasteurized foods used; prohibited foods not offered | | | | | | | |
| Approved Sources | | | | | | | | | | | |
| 9 | IN OUT | | | 25 | IN OUT N/A | | | | | | |
| Food obtained from approved source | | | | Chemical | | | | | | | |
| 10 | IN OUT N/A N/O | | | 26 | IN OUT N/A | | | | | | |
| Food received at proper temperature | | | | Food additives: approved & properly used | | | | | | | |
| 11 | IN OUT | | | Conformance with Approved Procedures | | | | | | | |
| Food in good condition, safe & unadulterated | | | | 27 | IN OUT N/A | | | | | | |
| 12 | IN OUT N/A N/O | | | Compliance with variance, specialized process, & HACCP plan | | | | | | | |
| Required records available: shelf stock tags, parasite destruction | | | | Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury. | | | | | | | |
| Protection from contamination | | | | | | | | | | | |
| 13 | IN OUT N/A | | | | | | | | | | |
| 14 | IN OUT N/A | | | | | | | | | | |
| 15 | IN OUT | | | | | | | | | | |
| Proper disposition of returned, previously served, reconditioned & unsafe food | | | | | | | | | | | |

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals and physical objects into foods. Mark "X" in box if numbered item is not in compliance. Mark "X" in appropriate box for COS and/or R. **COS**=corrected on-site during inspection **R**=repeat violation

| Safe Food and Water | | COS | R | Proper Use of Utensils | | COS | R |
|---|---|-----|---|--|---|-----|---|
| 28 | Pasteurized eggs used where required | | | 41 | In-use utensils: properly stored | | |
| 29 | Water & ice from approved source | | | 42 | Utensils, equip & linens: properly stored, dried & handled | | |
| 30 | Variance obtained for specialized processing methods | | | 43 | Single-use & single-service articles: properly stored & used | | |
| Food Temperature Control | | | | | | | |
| 31 | Proper cooling methods used; adequate equipment for temperature control | | | 44 | Gloves used properly | | |
| 32 | Plant food properly cooled for hot holding | | | Utensils, Equipment and Vending | | | |
| 33 | Approved thawing methods used | | | 45 | Food & non-food contact surfaces cleanable, properly designed, constructed & used | | |
| 34 | Thermometers provided & accurate | | | 46 | Warewashing facilities: installed, maintained, used: test strips | | |
| Food Identification | | | | | | | |
| 35 | Food properly labeled; original container | | | 47 | Non-food contact surfaces clean | | |
| Prevention of Food Contamination | | | | | | | |
| 36 | Insects, rodents & animals not present; no unauthorized persons | | | Physical Facilities | | | |
| 37 | Contamination prevented during prep, storage & display | | | 48 | Hot & cold water available; adequate pressure | | |
| 38 | Personal cleanliness | | | 49 | Plumbing installed; proper backflow devices | | |
| 39 | Wiping cloths: properly used & stored | | | 50 | Sewage & waste water properly disposed | | |
| 40 | Washing fruits & vegetables | | | 51 | Toilet facilities: properly constructed, supplied & cleaned | | |
| | | | | 52 | Garbage & refuse properly disposed; facilities maintained | | |
| | | | | 53 | Physical facilities installed, maintained & clean | | |
| | | | | 54 | Adequate ventilator & lighting: designated areas used | | |

Person in Charge (Signature) _____

 Follow-up: **YES** NO (Circle one)

Inspector (Signature) _____

Follow-up Date: _____

APPROVED

NEW

RE-NEW

RE-INSPECT

FOOD ESTABLISHMENT INSPECTION REPORT

| | | |
|--|---|------------------------------|
| CITY OF TITUSVILLE DEPARTMENT OF HEALTH | GREASE TRAP INSTALLED Yes No | Date <u>5/1/19</u> |
| Establishment Little Caesar's | Address/City/State/Zip Code 410 E Central Ave | Phone 814-664-2562 |

TEMPERATURE OBSERVATIONS

| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
|---------------|------|------------------|------|---------------|------|
| Sausage | 38° | Pizza Make Table | | | |
| Freezer | -9° | | | | |
| Walkin | 37 | Stall | | | |
| Hot Hold | 154° | | | | |
| | | | | | |
| | | | | | |
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OBSERVATIONS AND CORRECTIVE ACTIONS

| Item Number | Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code. |
|-------------|---|
| 1 | Original Serv Safe certificate is not available and certificate and license are not posted in public view. |
| 14 | Build-up of food and grease residue on cas opener cutting knife at framework. |
| 47 | Buildup of grease, flour, and food residue on wire racks on which unwashed pizzas are held. |
| 53 | Accumulation of grease and soil on floor beneath exhaust at floor/wall junction. |
| 53 | Heavy splattered grease accumulation on wall behind dough mixer. |
| 54 | Heavy grease and dust buildup on exhaust at hotly vents throughout food prep area. |
| | More schedule must be put to housekeeping to get fully into working condition |
| | Remediation to be complete in approximately 2 weeks. |

| | |
|---|---------------------|
| Person in Charge (Signature) <u><i>Corey Repner</i></u> | Date: <u>5/1/19</u> |
| Inspector (Signature) <u><i>[Signature]</i></u> | Date: <u>5/1/19</u> |